Case 18-01163 Doc 23 Filed 03/14/18 Entered 03/14/18 14:24:13 Desc Main Document Page 1 of 13

Fill in this information to identify your case:								
Debtor 1	Gregory		Fronek					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States B	ankruptcy Court for the:	Northern	District of Illinois					
	10.01100		(State)					
Case number (If known)	18-01163							

7	Check	if	this	is	an	amended	filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income - Amended

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$639.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories-people who are under 65 and people who are 65 or older-because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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or 1	arogor	,						
	First Na	ame	Middle Name	Last Name				
	Peopl	e who are under 65	years of age					
	7a. (Out-of-pocket health	care allowance per perso	on \$49.00				
	7b. N	Number of people wi	no are under 65	1	•			
	7c. 5	Subtotal. Multiply line	e 7a by line 7b.	\$49.00	Copy here→	\$49.00		
	Peopl	le who are 65 years	of age or older					
	-		care allowance per pers	on \$117.00				
		Number of people w		0	_			
		Subtotal. Multiply lir		\$0.00	Copy here→	+\$0.00		
		Total. Add lines 7c a		40.00		\$49.00	Copy here→	#40.00
	7g.	Total. Add liftes 70 al	14 71.			Ψ49.00	оору пого э	\$49.00
Loc	al		You must use the IRS Lo	ocal Standards to answe	er the auestions i	in lines 8-15.		
Sta	ndards				1			
		information from tl cy purposes into tw	ne IRS, the U.S. Trustee o parts:	e Program has divided	the IRS Local S	Standard for hous	ing for	
• H	Housin	g and utilities - Ins	urance and operating o	expenses				
- H	Housin	g and utilities - Mo	rtgage or rent expense	es				
								.161
To a	answe	r the questions in li	nes 8-9, use the U.S. T	rustee Program chart	. To find the ch	art, go online usi:	ng the link spe	citiea
			ines 8-9, use the U.S. T for this form. This char					есіпеа
	he sep Housi	parate instructions ing and utilities - In		t may also be availabl g expenses: Using the n	e at the bankru	iptcy clerk's offic	e.	\$458.00
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in t	Housi in the Housi 9a. Us	ing and utilities - Indicate instructions ing and utilities - Indicate ing and utilities - Maing the number of p	for this form. This char surance and operating for your county for insur	g expenses: Using the n rance and operating expess: 5, fill in the dollar amou	e at the bankru number of people enses.	iptcy clerk's offic	e.	
in t	Housi in the Housi 9a. Us fo 9b. To	ing and utilities - In dollar amount listed ing and utilities - M sing the number of p r your county for mo	surance and operating for your county for insur lortgage or rent expension	t may also be available gexpenses: Using the nation rance and operating exposes: 9 5, fill in the dollar amounts.	number of people eenses.	iptcy clerk's offic	e. e 5, fill	
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in t	Housi in the Housi 9a. Us fo 9b. To yo To cal contra bankm	ing and utilities - In dollar amount listed ing and utilities - M sing the number of p r your county for motal average monthly our home.	for this form. This char surrance and operating for your county for insur lortgage or rent expense expenses. payment for all mortgage ge monthly payment, addecured creditor in the 60 countries.	g expenses: Using the name and operating expenses: e 5, fill in the dollar amounts and other debts secured all amounts that are	number of people eenses. unt listed	iptcy clerk's offic	e. e 5, fill	
in t	Housi in the Housi 9a. Us fo 9b. To yo To cal contra bankn	ing and utilities - In dollar amount listed ing and utilities - Mesing the number of puryour county for motal average monthly our home. Iculate the total average tupicy. Then divide be	for this form. This char surrance and operating for your county for insur lortgage or rent expense expenses, payment for all mortgage ge monthly payment, addecured creditor in the 60 countries.	g expenses: Using the name and operating expenses: e 5, fill in the dollar amounts and other debts secured all amounts that are no months after you file for a warrage monthly	number of people eenses. unt listed	iptcy clerk's offic	e. e 5, fill	
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in t	Housi in the Housi 9a. Us fo 9b. To cal contra bankin Name	ing and utilities - In dollar amount listed ing and utilities - Mesing the number of pur your county for motal average monthly our home. Ilculate the total average tuptcy. Then divide both of the creditor	for this form. This char surrance and operating for your county for insur lortgage or rent expense expenses, payment for all mortgage ge monthly payment, addecured creditor in the 60 countries.	g expenses: Using the name and operating expenses: e 5, fill in the dollar amounts and other debts secured all amounts that are no months after you file for a department. Average monthly payment.	number of people eenses. unt listed	iptcy clerk's offic	e. e 5, fill	
in t	Housi in the Housi 9a. Us fo 9b. To cal contra bankin Name	ing and utilities - In dollar amount listed ing and utilities - Mising the number of party of the county for motal average monthly our home. Iculate the total average total average with the divide being of the creditor MORTGAGE yards of Kipling	for this form. This char asurance and operating for your county for insur lortgage or rent expension eople you entered in line intgage or rent expenses. payment for all mortgage ge monthly payment, ad secured creditor in the 60 by 60.	expenses: Using the narance and operating expenses: Using the narance and operating expenses: e.5, fill in the dollar amounts and other debts secunded all amounts that are no months after you file for a department with the following payment with the following paym	e at the bankru	ptcy clerk's office	e. e 5, fill \$1,344.00	\$458.00
in the second se	Housi in the Housi 9a. Us fo 9b. To cal contrabankn Name PNC M Courty	ing and utilities - In dollar amount listed ing and utilities - Mesing the number of puryour county for motal average monthly our home. Iculate the total average tuptcy. Then divide be of the creditor MORTGAGE yards of Kipling	surance and operating for your county for insurance or rent expensive ople you entered in line or tgage or rent expenses. payment for all mortgage ge monthly payment, ad secured creditor in the 60 y 60.	g expenses: Using the name and operating expenses: e 5, fill in the dollar amounts and other debts secured all amounts that are no months after you file for a department. Average monthly payment.	number of people eenses. unt listed	e you entered in line	e. e 5, fill	\$458.00
in the second se	Housi in the Housi 9a. Us fo 9b. To cal contra bankin Name PNC M Courty 9c. Net Sul	ing and utilities - In dollar amount listed ing and utilities - Mesing the number of pur your county for motal average monthly our home. Ilculate the total average tuptcy. Then divide both of the creditor MORTGAGE 9b. Total average or rent explored to the purify and the total average actually due to each supply. The divide both the creditor and the creditor are the creditor are the creditor and the creditor are the creditor	surance and operating for your county for insurance or rent expensive ople you entered in line or tgage or rent expenses. payment for all mortgage ge monthly payment, ad secured creditor in the 60 y 60.	g expenses: Using the name and operating expenses: e.5, fill in the dollar amounts and other debts secured all amounts that are not months after you file for a few files. Average monthly payment \$1,022.00 \$146.00 + \$1,168.00	e at the bankrunumber of people lenses. unt listed lired by Copy here→	e you entered in line	e. e 5, fill \$1,344.00	\$458.00
in the second se	Housi in the Housi 9a. Us fo 9b. To cal contra bankm PNC M Courty 9c. Ne Sul rem	ing and utilities - In dollar amount listed ing and utilities - Mesing the number of puryour county for motal average monthly our home. Iculate the total average tuptcy. Then divide but of the creditor MORTGAGE yards of Kipling 9b. Total average or rent expense, If this and texpense, If this and texpense.	surance and operating for your county for insurance or rent expensive ople you entered in line ortgage or rent expenses. payment for all mortgage ge monthly payment, additionally and the following of the follow	g expenses: Using the name and operating expenses: e 5, fill in the dollar amounts and other debts secunded all amounts that are no months after you file for a few fill and the fill amounts after you file for a few fill and the fill amounts after you file for a few fill and the fill amounts after you file for a few fill amounts after you fill a few fill a few fill amounts after you fill a few fill amounts after you fill a few fill a few fill a few fill amounts after you fill a few fill a fe	copy here-	-\$1,168.00 (\$176.00	e. e 5, fill \$1,344.00 Repeat this amoon line 33a. Copy here	\$458.00 punt \$176.00
in th. 8. 9.	Housi in the Housi 9a. Us fo 9b. To cal contra bankm PNC M Courty 9c. Ne Sul rem	ing and utilities - In dollar amount listed ing and utilities - Mesing the number of puryour county for motal average monthly our home. Iculate the total average total during the number of puryour county for motal average monthly our home. Iculate the total average total during the creditor MORTGAGE yards of Kipling 9b. Total average to mortgage or rent expense, If this and texpense, If this and Italian of your mode.	surance and operating for your county for insurance or rent expensive ople you entered in line or tigage or rent expenses. payment for all mortgage ge monthly payment, ad secured creditor in the 60 y 60. Trage monthly payment spense. Expense of the secured creditor in the following monthly payment is pense. Expense of the secured creditor in the spense of the secured creditor in the spense. Trustee Program's description of the secured creditor in the spense of the secured creditor in the secured credito	g expenses: Using the name and operating expenses: e 5, fill in the dollar amounts and other debts secured all amounts that are no months after you file for a few fill and the fill amount set of the fill am	Copy here- e or al Standard for you claim.	-\$1,168.00 (\$176.00	e. e 5, fill \$1,344.00 Repeat this amoon line 33a. Copy here	\$458.00 ount \$176.00

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otor 1	Gregory		Fronek	Case	number (if known)	18-01163			
	First Name	Middle Name	Last Name						
11.	Local trans	portation expenses: Check the	e number of vehicles for which	you claim an own	ership or operatii	ng expense.			
	0. Go to	line 14.							
	✓ 1. Go to	line 12.							
	2 or mo	re. Go to line 12.							
12.		ration expense: Using the IRS				the operating	\$241.00		
13.	vehicle below	nership or lease expense: Using V. You may not claim the expense expense for more than two ve	se if you do not make any loai						
	Vehicle 1	Describe Vehicle 1:							
	13a. Owners	3a. Ownership or leasing costs using IRS Local Standard							
	Note that the state of the								
	amount after yo	ulate the average monthly paym ts that are contractually due to a u filed for bankruptcy. Then div	each secured creditor in the 60						
	BMO HARRIS	BANK NA	\$125.00						
			+						
		Total average monthly paym	ent \$125.00	Copy here→ _ <u>-</u>	<u> 125.00</u> aı	epeat this mount on ne 33b.			
		le 1 ownership or lease expense ine 13b from line 13a. If this an			360.00 V	Copy net ehicle 1 xpense ere →	\$360.00		
14.		sportation expense: If you cla ion expense allowance regar				l in the Public			
15.	a public trans	oublic transportation expense sportation expense, you may fil andard for Public Transportation	l in what you believe is the app				\$0.00		

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	Gregory		Fronek	Case number (if known) 18-01163				
	First Name	Middle Name	Last Name					
Othe	er Necessary Expenses	the following IRS categor		e, you are allowed your monthly expenses for				
16.	employment taxes, so these taxes. However,	cial security taxes, and Me	dicare taxes. You may inclu ax refund, you must divide	e and local taxes, such as income taxes, self- ude the monthly amount withheld from your pay for e the expected refund by 12 and subtract that number	\$979.16			
	Do not include real est	tate, sales, or use taxes.						
17.	Involuntary deduction dues, and uniform cos		roll deductions that your jo	b requires, such as retirement contributions, union	\$0.00			
	Do not include amour	its that are not required by	your job, such as volunta	ry 401(k) contributions or payroll savings.				
18.	together, include payn	nents that you make for yo	ur spouse's term life insur	rm life insurance. If two married people are filing ance. Do not include premiums for life insurance on filie insurance other than term.	\$6.62			
19.		ents: The total monthly an ild support payments.	nount that you pay as requ	uired by the order of a court or administrative agency,				
	Do not include payme	nts on past due obligation	s for spousal or child supp	port. You will list these obligations in line 35.	\$0.00			
20.	Education: The total	monthly amount that you p	oay for education that is ei	ther required:				
	 as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 							
21.	21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.							
	Do not include payme	ents for any elementary or s	econdary school education	n.	\$0.00			
22.	for the health and well Include only the amou	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.						
23.	3. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.							
		ents for basic home telepho d on line 5 of Official Form		e service. Do not include self-employment expenses, ou previously deducted.				
24.	Add all of the expens	ses allowed under the IR	S expense allowances.		4			
	Add lines 6 through 2	3.			\$2,908.78			
	ditional Expense		onal deductions allowed b	•				
		Note. Do not int		ces listed in lines 6-24.				
25.	Health insurance, di	sability insurance, and h	ealth savings account e	ces listed in lines 6-24. xpenses. The monthly expenses for health insurance, sary for yourself, your spouse, or your dependents.				
25.	Health insurance, di	sability insurance, and h	ealth savings account e	xpenses. The monthly expenses for health insurance,				
25.	Health insurance, di disability insurance, ar	sability insurance, and h	ealth savings account eathat are reasonably neces	xpenses. The monthly expenses for health insurance,				
25.	Health insurance, di disability insurance, ar Health insurance	sability insurance, and h nd health savings accounts	ealth savings account est that are reasonably neces	xpenses. The monthly expenses for health insurance,				
25.	Health insurance, di disability insurance, ar Health insurance Disability insurance	sability insurance, and h nd health savings accounts	ealth savings account esthat are reasonably neces \$126.90	xpenses. The monthly expenses for health insurance,	\$153.77			
25.	Health insurance, didisability insurance, are Health insurance Disability insurance Health savings account	sability insurance, and had health savings accounts	sthat are reasonably neces \$126.90 \$26.87 +\$0.00	xpenses. The monthly expenses for health insurance, sary for yourself, your spouse, or your dependents.	\$153.77			
25.	Health insurance, didisability insurance, are Health insurance Disability insurance Health savings account Total Do you actually spend	sability insurance, and hand health savings accounts	sthat are reasonably neces \$126.90 \$26.87 +\$0.00	xpenses. The monthly expenses for health insurance, sary for yourself, your spouse, or your dependents.	\$153.77			
25.	Health insurance, didisability insurance, and Health insurance Disability insurance Health savings account Total Do you actually spend No. How much downward Yes Continuing contribution pay for the reasonable member of your immediates.	sability insurance, and had health savings accounts the distribution of this total amount? It is you actually spend? It is to the care of house and necessary care and second in the care of the second in the	### savings account estable that are reasonably neces ### \$126.90 ### \$26.87 ### \$0.00 ### \$153.77 #### \$153.77 #### #### #########################	xpenses. The monthly expenses for health insurance, sary for yourself, your spouse, or your dependents.	<u>\$153.77</u>			
	Health insurance, didisability insurance, and disability insurance Health insurance Disability insurance Health savings account Total Do you actually spend No. How much downward of Yes Continuing contribution pay for the reasonable member of your immedaccount of a qualified Protection against for	sability insurance, and had health savings accounts of this total amount? It is to the care of house and necessary care and seediate family who is unable ABLE program. 26 U.S.C.	ealth savings account east that are reasonably necess \$126.90 \$26.87 \$153.77 \$\$ ehold or family members upport of an elderly, chron to pay for such expenses. § 529A(b). \$\$ nably necessary monthly east that are reasonably necessary.	xpenses. The monthly expenses for health insurance, sary for yourself, your spouse, or your dependents. Copy total here— Copy total here— The actual monthly expenses that you will continue to ically ill, or disabled member of your household or These expenses may include contributions to an expenses that you incur to maintain the safety of you and	\$0.00			

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Debtor 1 Gregory Fronek Case number (if known) 18-01163 First Name Last Name Middle Name 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. \$0.00 You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is \$0.00 reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than \$0.00 the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. +\$0.00 Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). 32. Add all of the additional expense deductions. \$153.77 Add lines 25 through 31. **Deductions for Debt Payment** For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. The monthly expenses for health insurance, disability To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Mortgages on your home: payment 33a. Copy line 9b here \$1,168.00 \$1,168.00 Loans on your first two vehicles: \$125.00 33b. Copy line 13b here. \$125.00 \$0.00 33c. Copy line 13e here. \$0.00 33d. List other secured debts: Name of each creditor for other Identify property that Does payment secured debt secures the debt include taxes or insurance? Copy total \$1,293.00 \$1,293.00 33e. Total average monthly payment. Add lines 33a through 33d. here→

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Debtor 1 Gregory Fronek Case number (if known) 18-01163 First Name Middle Name Last Name Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Monthly cure **Identify property** Total cure that amount amount secures the debt \$2,043.79 $\div 60 =$ 1712 Fieldstone Dr N, +\$34.06 PNC MORTGAGE Shorewood, IL 60404 | Value: \$137,853.00 GMC 1500 | Value: \$0.00 ÷ 60 = +\$0.00 BMO HARRIS BANK NA \$17925.00 \$2,083.00 $\div 60 =$ Courtyards of Kipling 1712 Fieldstone Dr N, +\$34.72 Shorewood, IL 60404 | Value: \$137,853.00 Copy total Total \$68.78 \$68.78 here→ Do you owe any priority claims such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ✓ No. Go to line 36. Yes, Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims \div 60 = 36. Projected monthly Chapter 13 plan payment \$500.83 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for 7.70 % United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. \$38.56 Copy total \$38.56 here→ Average monthly administrative expense \$1,400.34 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances \$2,908.78 \$153.77 Copy line 32, All of the additional expense deductions +\$1,400.34 Copy line 37, All of the deductions for debt payment Copy total \$4,462.89 Total deductions \$4,462.89 here→

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Debi	for 1 Gregory First Name		Middle Name	Last Name	C	ase number (if known)	18-01163		
Part	2: Determine	Your Dis	posable Income Unde	er 11 U.S.C. § 1	325(b)(2)				
39.			onthly income from line 1 Monthly Income and Cal		•			\$4,364.19	
40.	The monthly ave	erage of any child, reporte	essary income you receive child support payments, fo ed in Part I of Form 122C- v to the extent reasonably r	ster care payments 1, that you received	s, or disability payme If in accordance with	ents \$0.00			
41.	withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § \$0.00 \$141(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).								
42.	Total of all ded	uctions allo	wed under 11 U.S.C. § 70	07(b)(2)(A) . Copy li	ne 38 here	→ \$4,462.89			
43.	you have no reas must give your o	Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.							
	Describe the s	special circu	umstances	Amount of expense					
					<u> </u>				
					<u> </u>				
			Total	\$0.00	Copy here				
					→	+\$0.00			
44.	Total adjustme	ents. Add lin	es 40 through			\$4,462.89	Copy here→	- <u>\$4,462.89</u>	
45.	Calculate your	monthly dis	sposable income under §	1325(b)(2). Subtra	act line 44 from lin	e 39.		(\$98.70)	
Part	3: Change in	Income o	or Expenses						
46.	are virtually certa the information b	in to change below. For ex ne 2 in the se	nses. If the income in Form after the date you filed you xample, if the wages report econd column, explain why	ır bankruptcy petiti ed increased after y	on and during the ting the ting the ting the ting the time.	me your case will be on, check 122C-1 in th	ppen, fill in e first		
	Form	Line	Reason for change	[Date of change	Increase or decrease?	Amount of change		
	122C-1 122C-2					Increase Decrease			
	122C-1					Increase			
	122C-2					Decrease			
	122C-1					Increase			
	122C-2					Decrease			
	122C-1					Increase			

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Debtor ¹	Gregory		Fronek	Case number (if known)	18-01163
	First Name	Middle Name	Last Name		
Part 4:	Sign Below				
By sign	ning here, under penalty of perjun	y you declare that the inforr	nation on this statement and	in any attachments is to	rue and correct.
, , ,	3,	, ,		. ,	
X /s/	Gregory Fronek		×		
Sign	ature of Debtor 1		Signature	of Debtor 2	
Date	3/14/2018		Date		
	MM/DD/YYYY		MM	M/DD/YYYY	

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16.	First Name Calculate the median fa	Middle Name	Last Name	Case number #tkrown 18-01163	
16.	Calculate the median fa				
		mily income that applies to y	you. Follow these steps:		
	16a. Fill in the state in whi	ch you live.	Illinois		
	16b. Fill in the number of	people in your household.	1		
	household	ily income for your state and si	To find	a list of applicable median income amounts, go online by also be available at the bankruptcy clerk's office.	\$51,317.00
17.	How do the lines compa	re?			
	under 11 U.S.C.	§ 1325(b)(3). Go to Part 3. D	o NOT fill out Calculation	form, check box 1, Disposable income is not determined in of Disposable Income (Official Form 122C-2).	
	U.S.C. § 1325(b)	than line 16c. On the top of p)(3). Go to Part 3 and fill out current monthly income from h	Calculation of Disposa	k box 2, Disposable income is determined under 11 able Income (Official Form 122C-2). On line 39 of that	
Part :	Calculate Your Co	mmitment Period Under	11 U.S.C. §1325(b)	(4)	
18.	Copy your total average	monthly income from line 11	•		\$4,364.19
19.	Deduct the marital adjust commitment period under	stment if it applies. If you are 11 U.S.C. § 1325(b)(4) allows	married, your spouse is you to deduct part of yo	not filing with you, and you contend that calculating the our spouse's income, copy the amount from line 13.	
	19a. If the mantal adjustme	ent does not apply, fill in 0 on I	line 19a.		-\$0.00
	19b. Subtract line 19a fr	om line 18.			\$4,364,19
20.	Calculate your current m	nonthly income for the year. I	Follow these steps:		
	20a. Copy line 19b.				\$4,364.19
	Multiply by 12 (the nu	umber of months in a year).			x 12
	20b. The result is your curr	rent monthly income for the yea	ar for this part of the for	n.	\$52,370.28
	20c. Copy the median fam	ily income for your state and si	ize of household from lin	ne 16c.	\$51,317.00
21,	How do the lines compar				
	Line 20b is less than li commitment period is	ne 20c. Unless otherwise order 3 years. Go to Part 4,	red by the court, on the	top of page 1 of this form, check box 3. The	
	Line 20b is more than 4. The commitment po	or equal to line 20c. Unless oth eriod is 5 years. Go to Part 4.	herwise ordered by the o	court, on the top of page 1 of this form, check box	
Part 4	Sign Below		-		
	By signing here, I decla	are under penalty of perjury that	t the information on this	statement and in any attachments is true and correct.	
		. 161	175		
	/s/ Gregory Fro Signature of Debto	or 1 Degrey	h Filx	ignature of Debtor 2	

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Debtor 1	Gregory		Fronak	Case number (fknown)	18-01163	
	First Name	M:ddle Name	Last Name			
Part 4:	Sign Below					
By sign	ing here, under penalty o	f perjury you declare that the	information on this stater	nent and in any attachments is tr	ue and correct.	
X /s/	Gregory Fronck	Diamon?	tr7 x			
Signa	ature of Debtor 1	Dogue V.		Signature of Debtor 2		
Date	3/14/2018		(Date		
	MM/DD/YYYY			MM/DD/YYYY		

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			Docum	nent Page	11 of 13			
Fill in this infor	rmation to identify your case) :				Check as c	directed in lines 17 and 21:	
Debtor 1	Gregory			Fronek		31100K uo c		
Debtor 2	First Name	Middle Name	Э	Last Name		According this Statem	to the calculations required by ent:	
(Spouse, if filing)	First Name	Middle Name		Last Name	<u>-</u>			
United States B	Bankruptcy Court for the: N	orthern	Dis	trict of Illinois			sable income is not determined 11 U.S.C. § 1325(b)(3).	
Case number	18-01163			(State)		2. Dispo under	sable income is determined 11 U.S.C. § 1325(b)(3).	
(II KHOWII)					<u> </u>	3.The co	ommitment period is 3 years.	
					li	4.The co	ommitment period is 5 years.	
	Form 122C-1 er 13 Stateme	nt of Vou	ır (Cı.ı	rrant Man	athly In		if this is an amended filing	
•	Iculation of C				•		•	12/1
Part 1: Calc	culate Your Average Mo	onthly Income						
1. What is yo	our marital and filing status	? Check one only.						
✓ Not m	arried. Fill out Column A, lin	es 2-11.						
Marrie	ed. Fill out both Columns A a	and B, lines 2-11.						
U.S.C. § 10 income var once. For e	01(10A). For example, if you ried during the 6 months, add	are filing on Septem I the income for all	nber 15, the 6 months a	e 6-month period wo	ould be March by 6. Fill in the i	1 through A esult. Do n	ore you file this bankruptcy ca August 31. If the amount of you ot include any income amount i only. If you have nothing to rep	ır monthly more than
					Column A Debtor 1		Column B Debtor 2	
2. Your gros	s wages, salary, tips, bonus ductions).	ses, overtime, and	l commiss	ions (before all	\$4,364.19)		
3. Alimony a	and maintenance payments	. Do not include pa	yments fro	m a spouse.	\$0.00			
or your de unmarried	nts from any source which a ependents, including child a partner, members of your ho s. Do not include payments f	support. Include re usehold, your depe	gular contri endents, pa	butions from an rents, and	¢0.00			
5. Net incon or farm	ne from operating a busine	ss, profession,	Debtor 1	Debtor 2				
	ipts (before all deductions)		\$0.00					
Ordinary ar	nd necessary operating expen	ises	-\$0.00	_				

Net monthly income from a business, profession, or farm

Net monthly income from a business, profession, or farm

6. Net income from rental and other real property

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

Debtor 2

Сору

here→

Сору

\$0.00

\$0.00

-\$0.00

\$0.00

Debtor 1

\$0.00

\$0.00

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First Name Middle Name Last Name		18-01163	
	Column A Debtor 1	Column B Debtor 2	
7. Interest, dividends, and royalties	\$0.00		
8. Unemployment compensation	\$0.00		
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
For you \$0.00			
For your spouse			
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$0.00		
10.Income from all other sources not listed above. Specify the source and amount. Do no include any benefits received under the Social Security Act or payments received as a victin of a war crime, a crime against humanity, or international or domestic terrorism.			
If necessary, list other sources on a separate page and put the total below.			
Total amounts from separate pages, if any.	+\$0.00	+\$0.00	
11.Calculate your total current monthly income. Add lines 2 through 10 for each	\$4,364.19 +	\$0.00	= \$4.364.19
column. Then add the total for Column A to the total for Column B.	Ψ4,304.13	\$0.00	\$4,304.19
			Total current
			monthly income
			monthly income
Part 2: Determine How to Measure Your Deductions from Income			monthly income
Part 2: Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line			#4,364.19
Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one:			
12. Copy your total average monthly income from line 11.			
 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: 			
 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. 			
 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. ✓ You are married and your spouse is filing with you. Fill in 0 below. 			\$4,364.19
 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly 	of someone other than you	or your dependents.	\$4,364.19
 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly dependents, such as payment of the spouse's tax liability or the spouse's support. Below, specify the basis for excluding this income and the amount of income devo 	of someone other than you	or your dependents.	\$4,364.19
 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly dependents, such as payment of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's	of someone other than you	or your dependents.	\$4,364.19
 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly dependents, such as payment of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's	of someone other than you	or your dependents.	\$4,364.19
 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly dependents, such as payment of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's	of someone other than you	or your dependents.	\$4,364.19
 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly dependents, such as payment of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's	of someone other than you	or your dependents.	\$4,364.19
12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly dependents, such as payment of the spouse's tax liability or the spouse's supported Below, specify the basis for excluding this income and the amount of income devoadjustments on a separate page. If this adjustment does not apply, enter 0 below.	of someone other than you ted to each purpose. If nec	or your dependents. essary, list additional	\$4,364.19
12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. ─ You are married and your spouse is filling with you. Fill in 0 below. ─ You are married and your spouse is not filling with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly dependents, such as payment of the spouse's tax liability or the spouse's support. Below, specify the basis for excluding this income and the amount of income devo adjustments on a separate page. If this adjustment does not apply, enter 0 below.	of someone other than you ted to each purpose. If nec	or your dependents. essary, list additional	\$4,364.19 -\$0.00
12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly dependents, such as payment of the spouse's tax liability or the spouse's supported Below, specify the basis for excluding this income and the amount of income devo adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 14. Your current monthly income. Subtract the total in line 13 from line 12.	of someone other than you sted to each purpose. If necessary the second	or your dependents. essary, list additional	\$4,364.19 -\$0.00
12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly dependents, such as payment of the spouse's tax liability or the spouse's support a Below, specify the basis for excluding this income and the amount of income devo adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 14. Your current monthly income. Subtract the total in line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps:	of someone other than you sted to each purpose. If necessary the second	or your dependents. essary, list additional	\$4,364.19 -\$0.00 \$4,364.19

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Debte	or 1 Greg	jory		Fronek	Case number (if known) 18-01163	
		Name	Middle Name	Last Name		
16.	Calcula	te the median family ir	ncome that applies to ye	ou. Follow these ste	ps:	
	16a. Fill	in the state in which you	ı live.	Illinois	_	
	16b. Fill	in the number of people	in your household.	1	_	
		•	ome for your state and siz			\$51,317.00
		usehold ing the link specified in the	ne separate instructions fo		nd a list of applicable median income amounts, go online may also be available at the bankruptcy clerk's office.	
17.	How do	the lines compare?				
	17a.				nis form, check box 1, <i>Disposable income is not determined</i> ation of <i>Disposable Income</i> (Official Form 122C-2).	1
	17b. 🗸	U.S.C. § 1325(b)(3). G		Calculation of Disp	heck box 2, <i>Disposable income is determined under 11</i> osable Income (Official Form 122C-2). On line 39 of that	
Part	3: Cal	culate Your Commit	ment Period Under	11 U.S.C. §1325	(b)(4)	
18.	Сору ус	our total average montl	nly income from line 11.			\$4,364.19
19.		-			e is not filing with you, and you contend that calculating the If your spouse's income, copy the amount from line 13.	9
	19a. If t	he marital adjustment do	es not apply, fill in 0 on li	ne 19a.		-\$0.00
	19b. Su	btract line 19a from lin	e 18.			\$4,364.19
20.	Calcula	te your current monthl	y income for the year. F	follow these steps:		
	20a. Co	py line 19b.				\$4,364.19
	Mι	ultiply by 12 (the number	of months in a year).			x 12
	20b. Th	e result is your current m	onthly income for the yea	r for this part of the	form.	\$52,370.28
	20c. Co	ppy the median family inc	ome for your state and siz	ze of household fror	n line 16c.	\$51,317.00
21.	How do	the lines compare?				
		e 20b is less than line 20 nmitment period is 3 yea		ed by the court, on	the top of page 1 of this form, check box 3, The	
		e 20b is more than or eq The commitment period i		erwise ordered by the	ne court, on the top of page 1 of this form, check box	
Part	4: Sign	n Below				
	Dv	oigning hore I declare un	dor populty of povium that	the information on	this statement and in any attachments is true and correct.	
	Бу:	signing here, i declare un	der perially of perjury that	the information on	this statement and in any attachments is true and correct.	
	×	/s/ Gregory Fronek		•	×	
		Signature of Debtor 1			Signature of Debtor 2	
		Date 3/14/2018			Date	
		MM/DD/YYYY			MM/DD/YYYY	
	•		fill out or file Form 122C		00 - (1) - (1	
	If yo abo		orm 1220-2 and file it wi	tri this form. On line	e 39 of that form, copy your current monthly income from lin	ne 14